Ohio | Department of Medicaid

Next Generation Medicaid Program – February 1 Launch

Submitting Prior Authorizations

Provider Journey Maps

January 2023

February 1 Launch – Submitting Prior Authorizations via the PNM Module | Overview

Purpose and Considerations

- Purpose
  - » Instruct providers on how to submit a fee-for-service (FFS) prior authorization request via the Provider Network Management (PNM) module, which redirects to the Medicaid Information Technology System (MITS).
- Considerations
  - » **All managed care prior authorization requests will continue to be sent directly to the members' Managed Care Entity (MCE) until further notice. Providers will contact each MCE directly to obtain the status of a submitted prior authorization.**
  - » Providers submitting a FFS prior authorization request must have OH|ID credentials (username and password).
  - » This journey map is only for FFS prior authorizations. Providers are to submit managed care prior authorization requests directly to MCEs.

February 1 Launch – Submitting Prior Authorizations in the PNM Module | Overview (cont.)

Purpose and Considerations

- Common Acronyms
  - » FFS – Fee-for-service
  - » IOP – Innovate Ohio Platform
  - » MCE – Managed Care Entity
  - » MITS – Medicaid Information Technology System
  - » PNM – Provider Network Management
- Resources
  - » For detailed step-by-step instructions, please utilize the User Guides available at https://ohiopnm.myabsorb.com.
    - Users will need an enrollment key to create an account and access training guides. Contact ohiotrainingteam@maximus.com for assistance.

Submitting a Prior Authorization via PNM

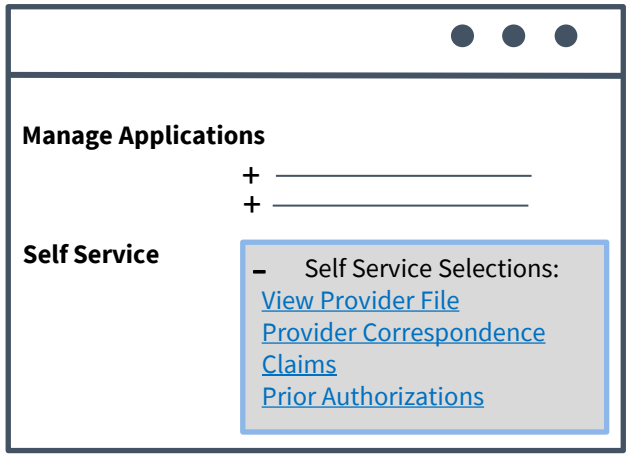
February 1, 2023 Launch

Submitting a Prior Authorization in PNM

WHO: Ohio Medicaid providers
WHEN: Process effective with February 1, 2023 launch of the Next Generation program

February 1 Launch – Fee-for-service only. Submit managed care prior authorizations directly to MCEs.

Note: This is the same process as implemented on 10/1/2022.



1. Check member eligibility and frequency requirements in the Provider Network Management (PNM) module in advance of submitting a prior authorization following the steps in the "Member Eligibility Verification in PNM" Provider Journey Map.

2. Navigate to the Provider Network Management (PNM) module and log in using your OH|ID credentials (username and password). If the provider does not have OH|ID credentials, they must first enroll in PNM.

3. Select the provider submitting the prior authorization and using the "Self Service" portal located on the bottom left side of the Provider Management home page select "Prior Authorization." *You will be routed to the MITS Portal to complete your prior authorization submission*.

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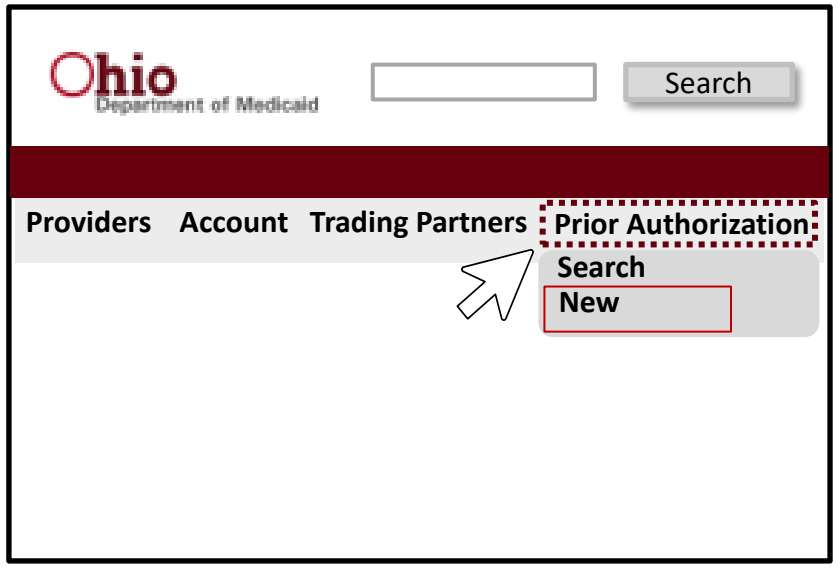
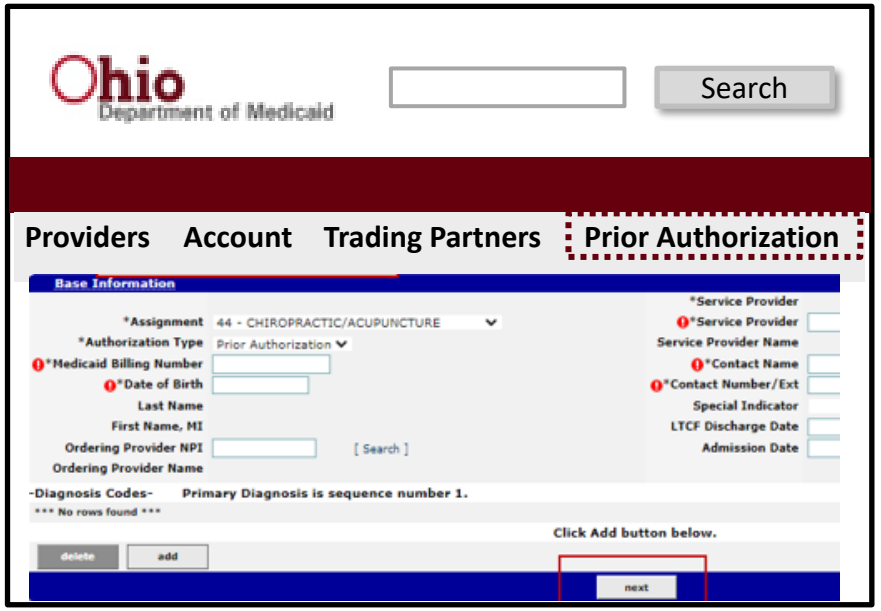
Submitting a Prior Authorization: Routed to MITS

WHO: Ohio Medicaid providers
WHEN: Process effective with February 1, 2023 launch of the Next Generation program

February 1 Launch – Fee-for-service only. Submit managed care prior authorizations directly to MCEs.



4. Once in the MITS Provider Portal, select the "Prior Authorization" option in the heading menu bar. Select "New" to submit a new prior authorization from the list of options displayed.



5. Provide the required information in each field. Some fields will require the use of a dropdown menu to select from a list of pre-populated options. Select the "Next" button at the bottom of the screen. If any information is incomplete or contains errors, red exclamation points will indicate fields needing correction before proceeding.

WHO: Ohio Medicaid providers
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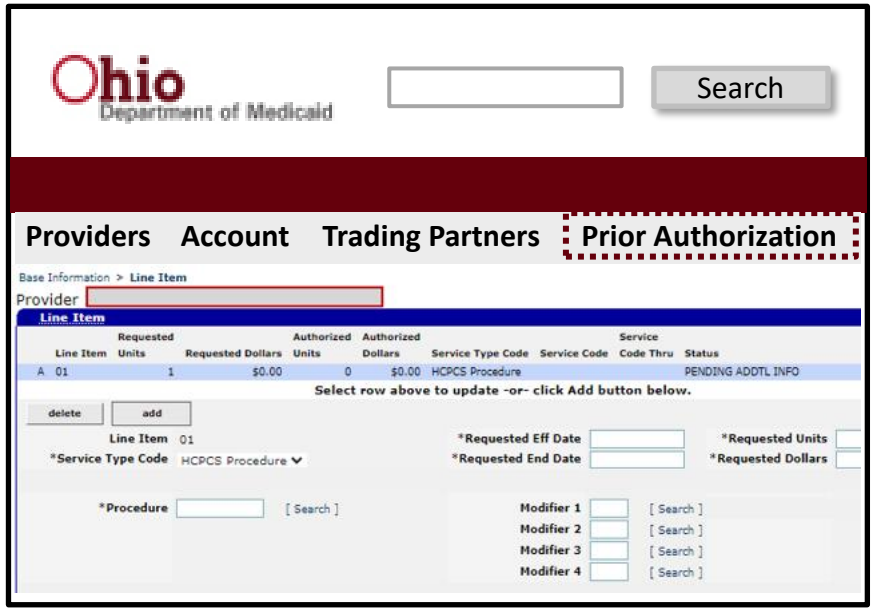
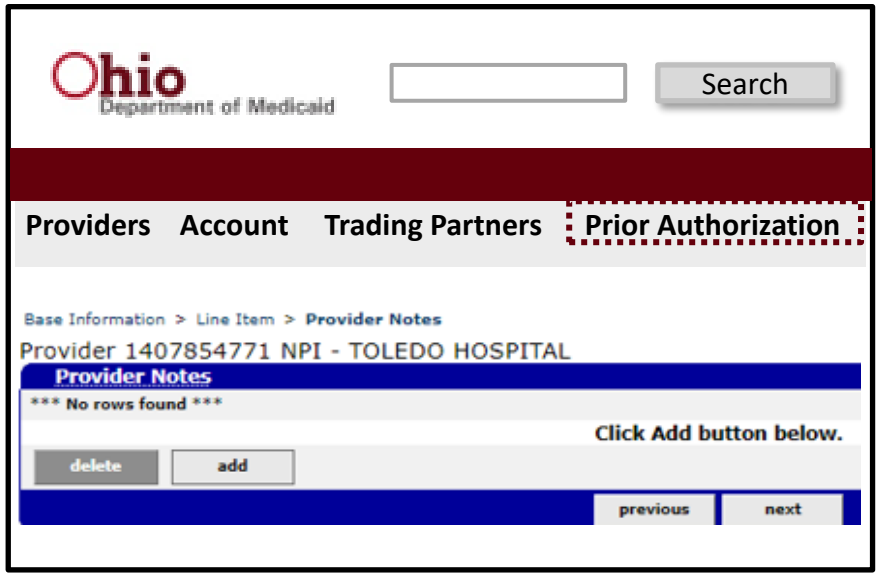
Submitting a Prior Authorization: Routed to MITS (cont.)

February 1 Launch – Fee-for-service only. Submit managed care prior authorizations directly to MCEs.





6. Under the "Line Item" section, use the "Add" or "Delete" buttons in the top left to enter the required information for each service and populate the fields below. Once all line items are entered, select "Next" to continue.

7. Under the "Provider Notes" section, add any provider notes if relevant and select "Next."

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Submitting a Prior Authorization: Routed to MITS (cont.)

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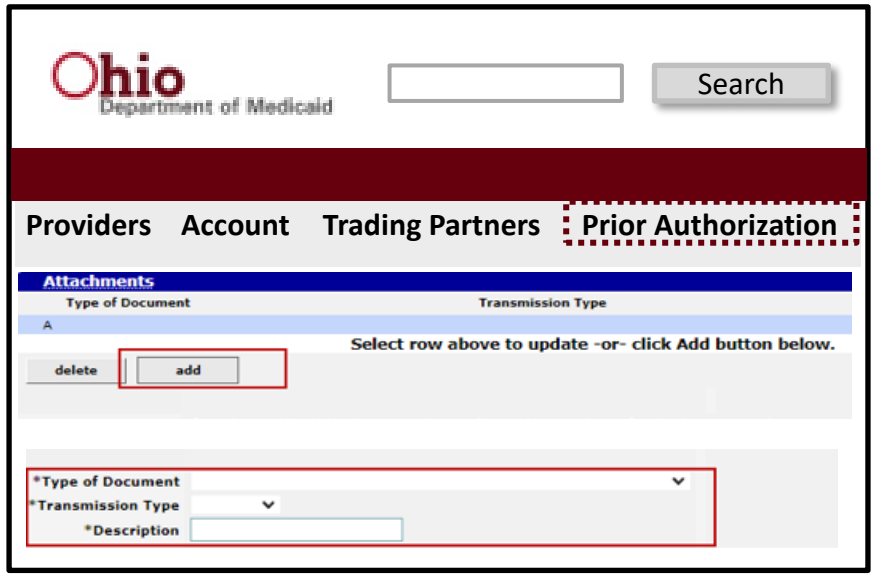

8. To add an attachment, select "Add" and complete the list of fields indicating the "Type of Document," "Transmission Type," and "Description." You will receive a "Upload Success" status for each attachment.

9. When you have finished entering the prior authorization information, select "Submit" at the bottom of the page.

Checking Prior Authorization Status

February 1, 2023 Launch

Checking Prior Authorization Status (cont.)

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Note: This is the same process as implemented on 10/1/2022.

1. Navigate to the Provider Network Management (PNM) module and log in using your OH|ID credentials (username and password). If the provider does not have OH|ID credentials, they must first enroll in PNM.

2. Under the "Self Service" dropdown on the left side of the screen, click "Search Prior Authorization." *You will be routed to the MITS Portal to see your prior authorization submission*.

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Checking Prior Authorization Status (cont.)

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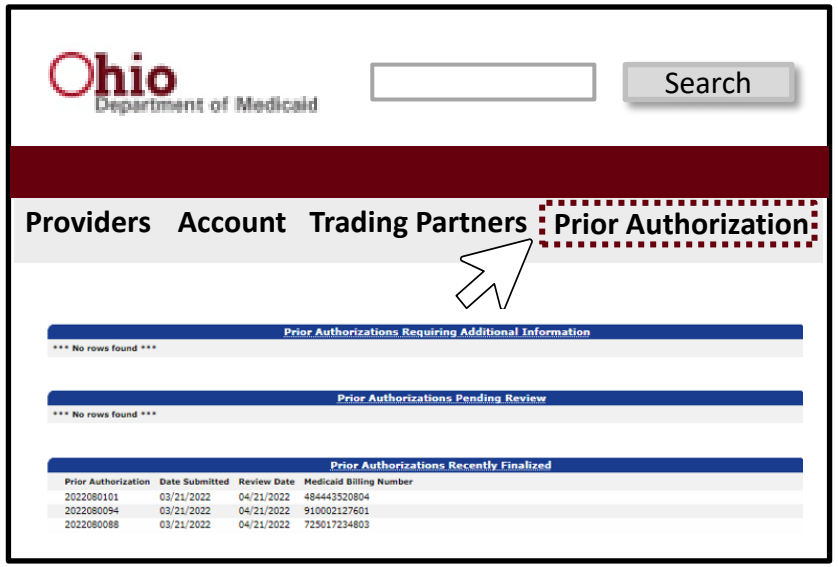
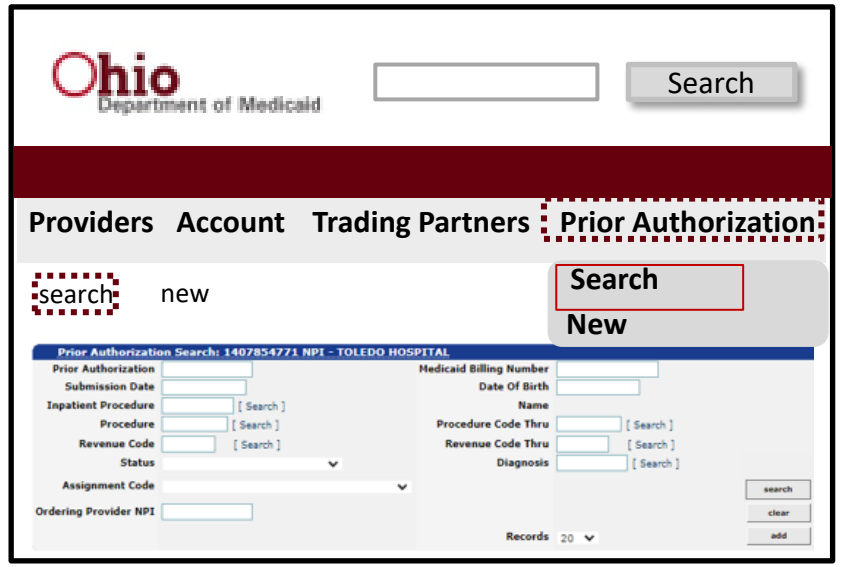


3. Once in the MITS Provider Portal, select the "Prior Authorization" option in the heading menu bar. It will display a list of prior authorizations requiring additional information, pending review, and those that have been finalized.



4. To search for a specific prior authorization, hover over the "Prior Authorization" button and select "Search." Enter the prior authorization number or Medicaid Billing Number if known and select "Search."

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Checking Prior Authorization Status (cont.)

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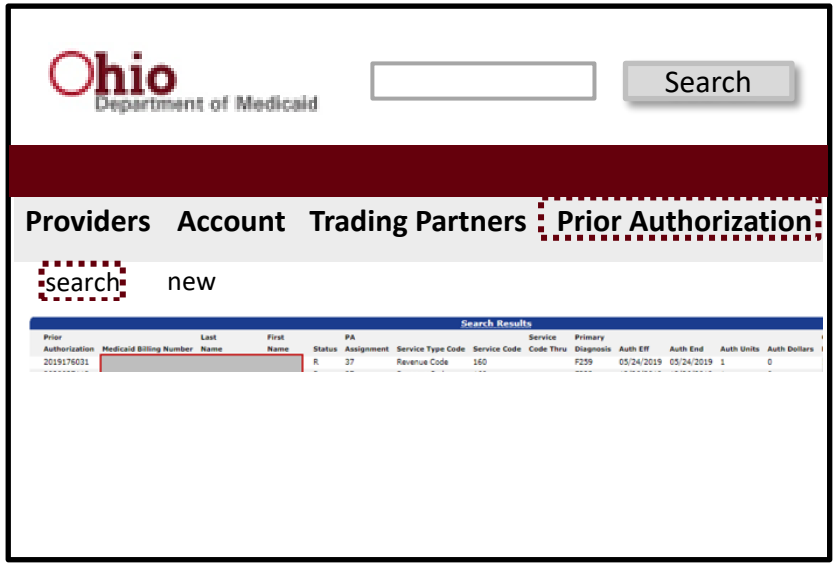
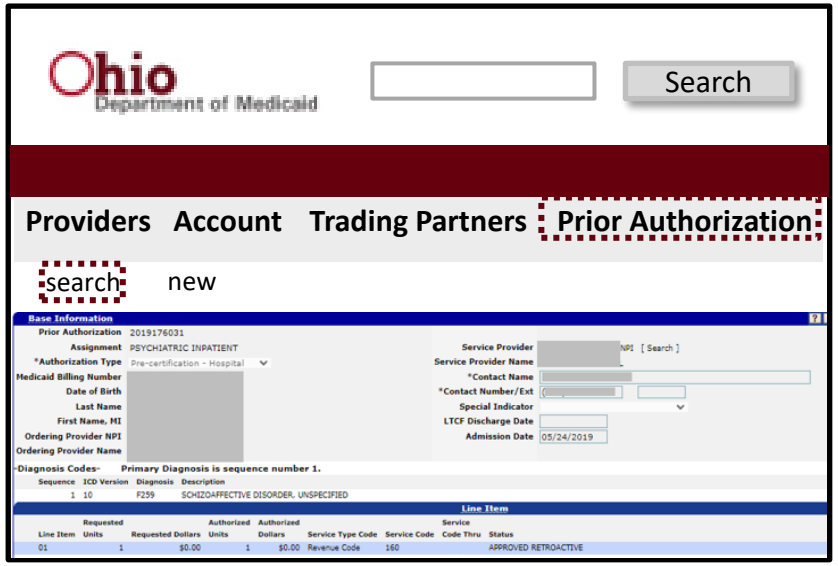


5. Alternatively, if the prior authorization number or Medicaid Billing Number is unknown, click the "Search" button in the bottom left corner and MITS will display a list of all prior authorizations associated with your profile. The fifth column displays the "Status" of the claim.



6. To view all details for a prior authorization, click on the prior authorization and review the initial submission details, including the status.